

N 000 Initial Comments Based on results of a survey for complaint #30279 conducted on August 13-20, 2012, the facility was cited a Type "A" penalty for failure to be administered in a manner to protect one Resident (#1) from Abuse, failure to maintain an effective Performance Improvement Program to to protect one Resident (#7) from sexual abuse; for failure to immediately notify the Physician of a positive finding obtained from an evidentiary sexual assault examination (Rape Kite); for failure to follow facility policy to fromoughly investigate and implement interventions immediately and ensure policies and procedures were followed for investigating and implementing corrective interventions to ensure Resident #1 was protected from further abuse. The facility's failure placed Resident #1 and all Residents with Dementia in an environment which was detrimental to their health, safety and welfare. In the facility of a survey for complaint #30279 conducted on August 13-20, 2012, the facility was cited a Type "A" penalty for failure to folicy for failure to folicy for failure to folicy for failure to folicy the Physician of a positive finding obtained from an evidentiary sexual assault examination (Rape Kite); for failure to follow facility policy to fromoughly investigate and implement interventions immediately and ensure policies and procedures were followed for investigating and implementing corrective interventions to ensure Resident #1 was protected from further abuse. The facility's failure placed Resident #1 and all Residents with Dementia in an environment which was detrimental to their health, safety and welfare. In the facility of the Physician of a positive finding obtained from an evidentiary sexual assault examination of the Administrator and Residents with Dementia in an environment which was detrimental to their health, safety and welfare. In the facility of the provisions of file and all resident position of the Administrator and Population of Committee and subcace, on this her establent plan		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE		
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assure the provision of appropriate fiscal resources and personnel required to meet the needs of the residents. alternate manager i.e. Assistant Director of Nursing, MDS Coordinator, RN Case Manager, Director of Social Service.) and					ļ. 	Nursing, MDS Coordinator, RN (Case		

STATE FORM

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<u>Division</u>	of Health Care Facilitie	ès				FORM.	APPROVED
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	CLIA ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 8. WING		(X3) DATE SURVEY COMPLETED C	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRE	CC CITY CTA	TE 715 AARE	08/20	/2012
	K HEALTHCARE CENTER	R	307 N FIFTH MARYVILLE,	ST BOX 547			
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N 401	This Rule is not met a Based on medical recobservation, the facilit in a manner to protect Alzheimer's Disease (Dementia, in which a severe enough to interest of daily living) from sepolicies and procedure investigating and implicit interventions to ensure from further abuse of the facility's failure had one Resident (#1) and Residents at risk for all the facility's failure plance and procedure in an environd detrimental to their head that is a derived the findings included: Resident #1 was admit December 21, 2009, a September 18, 2010, v Alzheimer's Disease, E	as evidenced by: ord review, interview, a y failed to be administed one Resident (#1) with a common type of loss of mental ability is rfere with normal activity xual abuse; failed to en es were followed for ementing corrective e Residents were protective twelve Residents review as caused sexual abuse it has placed other buse. aced all Residents with nment which was alth, safety and welfare tted to the facility on nd readmitted on with diagnoses including dementia, Senile	and ered in the same in the sa	N 401	This Plan of Correction is the center's crallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreeme provider of the truth of the facts alleged a set forth in the statement of deficiencies. correction is prepared and/or executed sit is required by the provisions of federal notification of the physician and f Administrator and Director of Nu designated alternate) will report p the facility to initiate the investigation Worksheet"(Exhibit 15). The Admill notify the VP of Operations a Director of Nursing will notify the Director of Clinical Operations of allegation. The Administrator will call and VP of Operations on allegation of investigations status at least every until investigation complete and their findings and conclusions. The Nursing will call and update th Director of Clinical Operations of allegation investigation at least every until investigation completed will call and report their findings conclusions. The District Director Operations or VP of Operations wup with a facility visit within one	a of correction ent by the or conclusions. The plan of olely because and state law. Camily. The rees (or cromptly to ation using ministrator and The e District of the abuse of the concept of the concept of the concept of the abuse of the concept of the concept of the abuse of the concept of the co	
•	Depression, Transient disruption of the blood Cardiovascular Accide Medical record review dated April 1, 2012, rev severely impaired cogr a Nursing Assessment	flow to the brain), and nt (Stroke). of a Nursing Assessme vealed the Resident han ition. Continued review	ent d		reported completion to review the investigation. On August 3, 2012 the facility wa that the allegation of rape made ir Resident # 1 was now being consthaving possibly occurred due to the forensic testing. Resident #	ns informed n June by idered as he results	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 **FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 N 401 This Plan of Correction is the center's credible revealed the Resident had severely impaired allegation of compliance. cognition. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Interview with the Director of Nursing Services provider of the truth of the facts alleged or conclusions (DNS) on August 13, 2012, at approximately 3:45 set forth in the statement of deficiencies. The plan of p.m., in the Assessment Coordinator's (AC's) correction is prepared and/or executed solely because Office, confirmed, the Administrator was on it is required by the provisions of federal and state law. vacation and the DNS was the "Administrator In-Charge" in the absence of the Administrator. discharged from facility on August 16, 2012. An audit was conducted by VP of Clinical Continued interview with the DNS confirmed, on the evening of June 16, 2012, at approximately Ops on August 30, 2012 of all events 7:00 p.m., to 7:30 p.m., Resident #1 alleged rape. occurring from January I 2012 to August 30 Continued interview confirmed the facility was . 2012, no other events of alleged sexual notified on August 2, 2012, of a positive rape kit abuse had occurred (Exhibit 11). An (DNA {deoxyribonucleic acid} testing or DNA additional audit was conducted by the Staff profiling is a technique employed by forensic Development Coordinator on 8/22/2012 to scientists to assist in the identification of ensure that families and physicians had been individuals by their respective DNA profiles). notified of all events occurring from 6/15/2012 to 8/22/12 and no issues noted. Observation and interview with Resident #1 on (Exhibit 12). August 13, 2012, at 1:30 p.m., in the Resident's room, revealed the Resident was in bed and the 43 interviewable residents and families of 21 privacy curtain was pulled between the Resident non interviewable residents (2 families and the roommate. The Resident revealed, "a were away on vacation and did not respond) while back (unable to recall the date), I came out were questioned by the Administrator, from my bathroom and stood in my doorway (with Director of Nursing, Assistant Director of a fork in the right hand, pointed toward the door Nursing, Staff Development Coordinator, facing the hallway)...I saw a young man outside my room in the hallway, stooped down, and tying Business Office Manager, Activity Director, a little boy's shoe. He stood up, saw me, and he Director of Social Services, Admissions wanted me...I turned and went into my room and Coordinator, Director of Medical Records, he followed me...he stuck it in me...down there Infection Preventionist, Certified Dietary (pointed between the (Resident's) legs to vaginal Manager, Case Manager, MDS Coordinator. area)...he finished, pulled it (penis) out, and and Rehab Tech (C.N.A), between August cleaned it." The Resident revealed not to know 23 and August 28, to determine; if there what the man used for his personal hygiene upon were any further allegations related to staff completion of the assault, "I don't know; he had treatment, did residents feel they were whatever it was with him." The Resident was treated with respect, had residents witnessed unable to recall descriptive details or features of any unusual visitors, strangers or had the man's appearance. When the surveyor concerns about any staff members? The

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĐ (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY N 401 Continued From page 3 N 401 This Plan of Correction is the center's credible asked if the Resident screamed, called out for allegation of compliance, help, or fought, the Resident's voice raised and quickly answered, "No. I'm an old woman...I Preparation and/or execution of this plan of correction does not constitute admission or agreement by the didn't scream or anything...he's a man...what can provider of the truth of the facts alleged or conclusions a woman do against a man." The Resident set forth in the statement of deficiencies. The plan of confirmed, "...I told my (Family Members #1 and correction is prepared and/or executed solely because #2), what happened." it is required by the provisions of federal and state law, Interview with Registered Nurse (RN) #1, in the interviews did not produce any other presence of the DNS, on August 13, 2012, at allegations of sexual abuse nor give potential 5:05 p.m., in the AC's Office, confirmed on June leads for suspects. It was the understanding 16, 2012, at approximately 6:30 p.m. to 7:00 p.m.. of the Executive Director that the facility not Family Member #2 called RN #1 into (Resident's) re-interview staff members in August at the room, and alleged, "(Resident) said (Resident) request of the local police department. The had been raped last night," and asked RN #1 to police advised the facility that in doing so it check the bed for evidence. RN #1 confirmed not may impede or interfere with correctly to touch the bed, "I did not want to contaminate conducting the criminal investigation in potential evidence." Continued interview revealed order to determine and prosecute the notifications were made; and a head-to-toe perpetrator. The police officer indicated that examination, to include an examination of the this was now his investigation and he wanted external vaginal and peri-area was completed. with no external evidence of trauma. Continued to be the person to question male staff employees and procure DNA samples. The interview revealed the on-call Physician was notified and orders were received to send the facility agreed to fully comply with the Resident to the ER (Emergency Room). RN #1 request of the local police and did so based confirmed the Resident's bed linens and gown on policy and procedure of the facility was placed in a "plastic bag" and given to the "Responding to and Investigating an Abuse Administrator; at approximately 9:15 p.m. to 9:30 Allegation" (Exhibit 3). p.m., the bagged items were picked up by the police. Continued interview confirmed RN #1 The interdisciplinary team consisting of "was not directed to do anything different from the MDS coordinator, RN Case manager, norm (normal)" to protect the Resident or other Director of Social Services, Activity Residents from sexual abuse. "No additional or Director, Registered Dictician and Certified new interventions were implemented to prevent Dietary Manager identified the residents on re-occurrence...no doors locked, no security 8/29/2012 that may be at higher risk for rounds, no staff placed at exit or entrance abuse due to dementia diagnosis, infrequent doors...the service door codes have always or no visitors, behavioral issues, or those changed monthly...pavillion door (door leading to who are bedfast and dependent on care. The the outside courtyard) code changed sometime interdisciplinary team met on 8/29 and around the end of July or in August...I think it was 8/30/2012 to identify care plan goals and

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Division	of Health Care Facilitie	es				FORM	APPROVED
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N 401	and interview with the August 14, 2012, beg	's physical plant (buildi Maintenance Supervis inning at approximately	sor on / 1:45	N 401	This Plan of Correction is the center's cr allegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement provider of the truth of the facts alleged to set forth in the statement of deficiencies. correction is prepared and/or executed s	t of correction ent by the or conclusions The plan of	
	p.m., in the AC's Office, revealed, "I've heard rumors; someone raped someone. I heard through the rumor mill." Observation of the entrance and exit doors, and the courtyard are and continued interview confirmed the facility three doors permitting both entrance and egre (exit)-the front door, service hall (double) door and the courtyard door; and three fire doors permitting egress only using a key pad code, doors that lock-down and/or with a key pad egress, have a 15 second delayed egress system. Each Resident's room and offices ha windows, which are locked, but can be unlock from the inside for exit.		rea y had ress ors, . All ave ked	,	interventions to assist in the preversions. This increased focus on rewho may be at higher risk for abut communicated to the Certified Not Assistant staff via their assignment by placing a copy of the resident for higher risk of potential abuse. Isolation" in the C.N.A flow shee Licensed nurses have a copy of the care plan for higher risk of potent "Social Isolation, with the resider Medication Administration Recommends."	ention of esidents use has been ursing nt sheet and care plan "Social t book. He resident ial abuse, at's rd.	
	Maintenance Supervise p.m., in the service has containing "Vendor Signobservation of the sign first entry and signature 2012. Continued obse	rvation confirmed one te the following section discussed August 14, 2012: Job Contact Maintenance or Signature. The sor confirmed the sign-inted on August 7, 2012 ain the vendors signation on the sign-in should be sign-in should	ed the food on of gust as of n , and		The Activity Director and Director Service conducted a Resident Commeeting on 8/29/2012 to discuss a concerns of the residents. During meeting the residents indicated to Administrator that they felt safe h (Exhibit 33). The corporate Human Resource of is obtaining updated background all male employees on 8/30/2012 any current issues. The background are expected to be available Tues Wednesday 9/4/12 or 9/5/12. A security assessment was completed by a police officer of the Maryville. The officer conducted the facility as well as the grounds facility. A verbal recommendation	ancil any security this the the the department checks on to identify and checks day or letted on the City of d a tour of s of the	

Division	of Health Care Facilitie	es				FORM	M APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION		red C
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	Continued observation Maintenance Supervis p.m., outside in the continued one service of service gate confirmed thasp, and staple. Continued the staple, and the padicot the staple. Observation present in the courty at the service gate. The confirmed the service	and interview with the sor at approximately 2: burtyard, confirmed a imately five to five and if the courtyard. The fegate. Observation of the dithe gate had a padicontinued observation as unlatched from the sk was hanging unlocked on confirmed no staff wird or adjacent the outsi Maintenance Supervising gate was unlocked and acility failed to ensure the fifth the Maintenance 14, 2012, at approximating an observation of following: een made to the front of	nce nee ck, ed in ere de of or the the door ne	N 401	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plandoes not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed sit is required by the provisions of federal officer was for the facility to hire guard around the clock to better existors were signing in appropriate provide additional security. The obtained security personnel through Blount County Sheriff Department 8/30/12 until a replacement security sobtained. The facility will recomply at that time to evaluate recommendations and present the Performance Improvement Commended and action. The members Security Workgroup are: Mainter Director, Administrator, Director Activity Director, Staff Developing Coordinator, Housekeeping Super Patient Relations Coordinator Systematic Changes to the Handi Abuse Reporting and Investigation Facility policies and procedures are reviewed by the Administrator, Investigation for the procedures of the procedure of the procedures of the procedures of the procedure o	on of correction ent by the or conclusions. The plan of solely because a security ensure that ately and e center has agh the not starting rity contract convene the ity te the em to the mittee for s of the mance of Nursing ment ervisor and ing of ons:	s
	A camera that recordinatelled in the front lob This camera is position	by on August 10, 2012			Operations on 8/30/12. Two min were made to the written policy a procedures. On 8/21/12 an Adde Facility's Abuse Prohibition Poli	and endum to	

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING_ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 401 Continued From page 6 N 401 This Plan of Correction is the center's credible record video surveillance of the front lobby, from allegation of compliance. the Receptionist's window to the front door. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the 5) Wooden dowels were place in the threshold of provider of the truth of the facts alleged or conclusions each Resident's window on August 14, 2012, at set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because approximately 5:00 p.m. The dowels measured it is required by the provisions of federal and state law. 32 inches long, and the window thresholds measure 35 inches wide. The dowels were laid in Procedures was made to clarify the term the thresholds, unsecured, and could be easily visitors to include both family/friends as picked-up and/or removed. well as other professional consultants or visitors such as but not limited to: Interview with the DNS, and in the presence of Paramedics, EMT's, Radiological Techs, the Corporate Director of Clinical Services, on . August 14, 2012, at approximately 4:30 p.m., in laboratory techs, Physicians, Nurse the Administrator's Office, confirmed, "We found Practitioners, clergy, attorneys, and legal out the rape kit test was positive on August 2, representatives (Exhibit 31). On 8/30/2012 2012, between 5:00 p.m. to 6:00 p.m. The ED "Notification" # 603-10, (Exhibit #8), was (Executive Director; Administrator) and I were amended to added that physicians will be together when the Detective called and informed notified for lab test results or other test us of the positive results." The Corporate results returned from another laboratory or Director of Clinical Services confirmed, "We felt healthcare site that the resident was seen. our day-to-day procedures were enough. It The Administrator conducted in-services for wasn't until we received the news from the police facility staff on definitions of abuse, department of the positive rape kit that we found recognizing signs of possible abuse, out our procedures and security wasn't enough." protection of resident, Elder Abuse Act. These in-services were conducted beginning A second interview with the Maintenance on 7/30/12, 7/31/12, 8/9/12, 8/22/12 and Supervisor on August 14, 2012, at 5:20 p.m., in 8/24/12 for facility staff and 93 staff have the AC's Office confirmed, the Maintenance received the in-service and 6 staff remain Supervisor "was not instructed by anyone to who will not be allowed to return to work make any changes in the security or to enhance until receiving the same in-service (Exhibit the security in this facility until August 6, 2012...on 13 & 14). August 6, 2012, we had a security meeting and discussed changes...we didn't implement any The comprehensive practice for alleged security changes until August 7, 2012..." abuse events will include documentation of Interview with the Staff Development Coordinator the investigation on the "Alleged Abuse (SDC) on August 14, 2012, at 6:05 p.m., in the Investigation Worksheet" (Exhibit 15). This SDC's Office confirmed, "The abuse in-services worksheet identifies details of the incident, done on July 30, 2012; July 31, 2012; and August lists all possible witnesses, documents

Division of Health Care Facilities

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	done in January 2012 the June 16, 2012 alle percent of the staff we the allegation of rape. (#1)if the rape had chave known it. There changes in the facility security measures; the needed to do" Interview with Dietary August 15, 2012, at 11 Office confirmed, DA and 16, 2012. Contine #1 was not interviewe June 16, 2012, alleger #1. DA #1 denied sex #1. Interview with DA #2 (at 10:50 a.m., in the Sex worked on June 15 interview confirmed DA anyone regarding the sexual abuse of Resid sexually assaulting Reference with RN #4 (at 10:55 a.m., in the Sex worked on June 15 10:00 p.m., shift. Con RN #4 received a call 2012, to "give me a he questioned about an abeing raped. The DNS anything strange or un questioned personally sexual abusethe DN sexual abuse.	ied to 'catch up' any not', and to review based of agation of rape; but 100 are not in-serviced base." "! know that Reside occurred, the facility wo was no need to make a 's policies, systems, or e facility was doing all in Aide (DA) #1 (male) or 0:45 a.m., in the SDC's #1 worked on June 13, ued interview confirmed do by anyone regarding do sexual abuse of Resideually assaulting Resid	on ed on ent uld any t 14, i DA the dent ent via 2, DA ued ed by 12, RN to ned 18, i d	N 401	This Plan of Correction is the center's or allegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed sit is required by the provisions of federal witness interviews, and identifies taken to prevent resident from a roccurrence. Upon notification of abuse, the licensed nurse immediensures the safety of the resident contacts the Administrator and D Nurses who will return to the cent conduct the investigation and util worksheet. In the event that the Administrator or Director of Nurse available to conduct the investigation include the Assistant Director of RN Case Manager, MDS coordin the Director of Social Services. To Director Clinical Operations concessivities on 8/23/12 to the above lite potential investigators on proper of this worksheet. On August 6 the facility convened Performance Improvement Security Workgroup are: Mainter Director (Plant Ops Manager), Administrator, Director of Nursin Director, Staff Development Coordinator, At this mee discussion of enhanced security rethat should be put in place were in the content of the content of the put in place were in the content of the co	n of correction ent by the or conclusions The plan of tolely because I and state law. actions e- an alleged ately and irector of ter to ize this sing are not ation ators will Nurses, the actor and/or the District ducted an in sted completion ed a ity ers of the mance ng, Activity ordinator, astomer ting a measures	
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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 401 Continued From page 8 N 401 This Plan of Correction is the center's credible allegation of compliance. Interview with the AC, (male) on August 15, 2012, Preparation and/or execution of this plan of correction at 11:05 a.m., in the SDC's Office, confirmed the does not constitute admission or agreement by the AC worked from 9:00 a.m., to 5:30 p.m., usually provider of the truth of the facts alleged or conclusions Monday through Friday. Continued interview set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because confirmed the AC was not interviewed by anyone it is required by the provisions of federal and state law. regarding the June 16, 2012, alleged sexual abuse of Resident #1. The AC denied sexually The lock codes were changed August 27, assaulting Resident #1, 2012 for the main entrance, the vendor/service entrance and the court yard Interview with the Maintenance Supervisor. entrance. Exit codes were also changed and (male) on August 15, 2012, at 11:15 a.m., in the SDC's Office, confirmed the Maintenance are different than entrance codes. Door Supervisor worked from 6:00 a.m. to 2:30 p.m., codes will be changed every 30 days or more usually Monday through Friday, and as needed frequently if the code is compromised. The for maintenance problems or repairs after hours. court yard gate will remain locked at all Continued interview confirmed the Maintenance times unless under direct observation i.e., Supervisor was not interviewed by anyone opened to bring in or remove materials such regarding the June 16, 2012, alleged sexual as lawn care equipment, yard debris, etc. The abuse of Resident #1. The Maintenance maintenance director or maintenance Supervisor denied sexually assaulting Resident assistant will be responsible to unlock/lock #1. and monitor gate during this type of activity. The key is secured in the maintenance office. Interview with the DNS on August 15, 2012, at Only Maintenance and Administrator have 1:30 p.m., in the SDC's Office confirmed, other access to the key. The service door, which than Resident #1 and (Resident's) Family is for staff and vendor access only, is locked Members, no Residents or visitors were 24 hours a day/7 days a week Staff may use interviewed based on the June 16, 2012, access code to exit and enter. allegation of rape; confirmed no male staff other Vendors/delivery personnel must ring bell than RN #4 was interviewed, "The ED and I did and have staff open the door, the staff that not feel it was necessary to interview male staff that was not scheduled on June 15, or 16, 2012." opens the door is responsible to have vendor The DNS confirmed the following: sign-in and sign out upon completion. The vendor sign in sheet is located at the delivery August 6, 2012, a security meeting was held to entrance. (Exhibit 16 & 17). The Administrator, Maintenance Director, (Plant discuss security changes; Ops Manager), Director of Nursing, August 7, 2012, lock-down times were changed Business Office Manager, Asst. Director of on the front and service half doors; and the DNS Nursing or assigned week-end duty manager stated was unaware a Vendor Sign-In Sheet had will monitor the vendor logs daily to ensure

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) N 401 | Continued From page 9 N 401 This Plan of Correction is the center's credible allegation of compliance. been implemented. Preparation and/or execution of this plan of correction August 10, 2012, a surveillance camera was does not constitute admission or agreement by the installed in the front lobby. provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because Continued interview with the DNS confirmed, "We it is required by the provisions of federal and state law. had to sit and think...'what do we need to do'...we had to have a plan...we did not have the ability to that vendors are signing in and out. (Exhibit immediately procure (obtain) any equipment 18). Windows and screens were checked between August 2, 2012, and August 6, from the exterior on Aug 16, 2012 and found 2012...The nursing department did not have staff to be secure by the maintenance director. To available to place in key positions, such as at make resident room windows so that they entrance and exit of doors to ensure security. cannot be opened from the outside by an without pulling from patient care; or to do rounds "intruder, wood dowels were placed in the such as every fifteen minutes...I feel like we did inside slides track to prevent the windows everything that we knew to do." opening greater than 6 inches on August 14, 2012 (Exhibit 19). The facility has Interview by telephone with the Resident's Family purchased windows locks for the resident Member #2 on August 15, 2012, at 3:10 p.m., revealed, "(Resident) told me "I've been raped" room windows and is awaiting approval and I reported it to (RN #1)...was taken to the from the State of Tennessee, Dept. of Health, ER...the nurse that did the rape kit told me that and Health Care Facilities Engineering for (Resident's) vagina was awful red..." Family installation, expected response by 9/04/2012. Member #2 revealed the police called Family All non-resident room windows are Member #2, and said, "I've got bad news for currently secured by an inside lock. The you...your (Resident) was raped and I've got his maintenance director, maintenance assistant, (perpetrator's) DNA. Continued interview assigned week-end duty manager are revealed, "The facility didn't do anything when it checking the resident room windows daily to was reported...I asked (Administrator) why there validate the current safety device is in place were no security measures, no cameras... (Exhibit 20). (Administrator) said security cameras are not required...They had (Resident) in the bed by the Currently there are 3 camera's attached to a window and kept the privacy curtain pulled and motion detector that records when there is closed off from everybody. I went to movement detected. The cameras visualize (Administrator) and requested (Resident) to be the front entrance (installation 8/10/12), the moved next to the door...now (Resident's vendor entrance (installation began on 8/30 roommate) is beside the window with the curtain pulled most of the time...(Resident's roommate) and completed on 8/31/2012, and the employee locker room (installed in 2010). can't defend...self or tell you if is raped...I'm trying This recording will provide the facility with to get (Resident) placed in another facility..."

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	August 15, 2012, at 3: Office confirmed, the I works as needed, PRI confirmed the PT was regarding the June 16 abuse of Resident #1. assaulting Resident #1 Interview with HK (Hor August 15, 2012, at 3: Office confirmed, HK # and 16, 2012. Continu #1 was not interviewed June 16, 2012, alleged #1. HK #1 denied sex #1. Interview with HK #2 (at 3:35 p.m., in the SD #2 worked on June 13 Continued interview conterviewed by anyone 2012, alleged sexual a #2 denied sexually assumed the sexual abuse of Resid sexually assaulting Relative with the Adm 2012, at 5:10 p.m., in the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on been raped on June 15 the Resident #1 alleged on the Resident #1 alleg	PT was hired in 2007, a N. Continued interviews not interviewed by any 2, 2012, alleged sexual The PT denied sexual The SDC's The	and v yone ally on 15, d HK the ident ent 012, HK ot 6, HK ed by 1		Preparation and/or execution of this plandoes not constitute admission or agreeme provider of the truth of the facts alleged a set forth in the statement of deficiencies. correction is prepared and/or executed set it is required by the provisions of federal evidence to review if there are any such as employee theft, or other e occurred, its intent is not to use as monitoring but provide a retrospereview. This is another mechanism monitoring the compliance of the vendor sign in procedure. Results review of the recordings will be rethe weekday morning meeting. (E& 24). At the present time it is readily by the maintenance director Manager) or the Administrator, D. Nursing, Assistant Director of Nu Business Office Manager, 3 Busin Assistant, Director of Social Serv Director of Admissions, Director Records and Data Entry Clerk. It to watch the camera real time if circumstances warrant. (Exhibit front entrance is locked down begom. Visitors must ring the bell and personnel or staff respond to allow to enter and exit the facility. A "volog" placed at the receptionist are monitored by the security guard to that visitors sign in and out. (Exhibit The Administrator conducted instaff on the facility's updated security supdated security of the security of the presentation of the facility of the presentation of the facility of the security guard to the presentation of the facility of the	ent by the or conclusions The plan of olely because and state law. The plan of olely expected in exhibits 23 reviewed (Plant Opsoricetor of orsing, mess Office ivity ices, of Medical is possible 21). The entiting at 6 dd security we visitor's at is one on the plan of one of orsure ibit 22), services for urity 3, 24, and	
	the ER, and a rape kit	was collected. The	•		28, 2012, and 92 employees have	received	

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N 401	approximately four honotification of the allegenostication of the ER) I called (Residual interview conformed " rape kit honot have the final residual residual to the evidence to confirm the evidence to confirm the and did say it would the evidence from the rape confirmed the facility assault forensic report. The Administrator confirmed the facility assault forensic report. Nurse on June 16, 20 hospital ER records; the report. The Administration (Family Member #2) with the report. The Administration of the report of the report of the report. The Administration of the report	d to be in the facility for ours on June 16, 2012, gation, "I saw nothing nusual, nobody that did sident's) Family Member and had never said any exual abuse)We did not (Resident's) return (from instrator revealed, "On alled (Administrator) are ad been doneand wouldsfor a few weeks' infirmed the police did not been raped, "No, atdidn't have all the ne Resident wasn't rapeake several weeks to go be kit." The Administrator had one page of the set to completed by the SAN 12, and attached to the out did not request a constrator stated (Reside was at the hospital with ne the Nurse said ared (vaginally)." Continuing the month of Markesident was not doing visiting, to include several weeks and with (Resident's) as a dream or something tWe don't know what sional entity or staff, told the facility the rape	after n't r#3, thing om June od uld ot et the or xual py of nt's) nued ay or well eral of did and of	N 401	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreeme provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed si it is required by the provisions of federal the in-service and 7 remain (Exhil 26). Employees on leave of absenvacation, etc. upon return will recesame in-service on prevention metheir department head or designed reporting to their job area. On Au 2012 the District Director of Clin Operations conducted additional training with Administrator, Director, Social Worker and Asst of Nursing, Case Manager, MDS Cornector, Social Worker and Asst of Nursing on "Conducting an Inton an Allegation of Abuse" (Exhibition included, but was not limit immediacy of investigation, notif interviewing alleged victim, alleg perpetrator, interviewing witnesses staff, residents, family members, 27) The maintenance director, Admir Business Office Manager or assign weekend duty managers will be reto view the video taping of the fronthe employee locker room and the entrance and report any concerns facility administrator daily. Any member not in compliance with a security measures will be discipling appropriate. New hires will recei	and correction and by the or conclusions or the plan of colely because and state law. bit 25 & ce, eive the assures by a prior to gust 23, ical in-service ctor of cordinator, or, Activity. Director vestigation (bit 28) ed to, ications, and es including etc. (Exhibit control of the staff enhanced ined as	

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N 401 Continued From page 12 "On August 16, 2012, a Sign-in book was placed on a table in the front lobbysigning in was on a voluntary basis, with no facility oversight "I'm not as concerned with people signing in during the day, as I am at night" and "On August 2, 2012, Church groups were directed not to assist Residents back to their rooms from the dining room, after Church servicesthis has not been monitored" Continued interview with the Administrator confirmed, "We did not implement interventions to address or enhance security based on the June 16, 2012, rape allegation; and we didn't begin to implement security interventions until August 7, 2012, based on the positive rape kit reported to us on August 2, 2012." Continued interview with the Administrator confirmed, "We have had a serious event. We thought we had good things in place." The Administrator confirmed the facility failed to implement security changes in a timely manner to protect the Residents. Interview with the Maintenance Supervisor on August 20, 2012, at 1:05 p.m., revealed, "I watched 24-hours worth of surveillance voids approvinced to see the recorder and random surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster fhan regular speed). The surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster fhan regular speed). The output fast formatical contained in the time to the recommendations made as needed. The administrator, Director of Nursing, Staff Development Coordinator, Business Office Manager, RN	FAIRPAR	K HEALTHCARE CENTE	:R			77		
"On August 16, 2012, a Sign-In book was placed on a table in the front lobbysigning in was on a voluntary basis, with no facility oversight "I'm not as concerned with people signing in during the day, as I am at night" and "On August 6, 2012, Church groups were directed not to assist Residents back to their rooms from the dining room, after Church servicesthis has not been monitored" Continued interview with the Administrator confirmed, "We did not implement interventions to address or enhance security based on the June 16, 2012, rape allegation, and we didn't begin to implement security interventions until August 7, 2012, based on the positive rape kit reported to us on August 2, 2012." Continued interview with the Administrator confirmed, "We have had a serious event. We thought we had good things in place." The Administrator confirmed the facility failed to implement security changes in a timely manner to protect the Residents. Interview with the Maintenance Supervisor on August 20, 2012, at 1:05 p.m., revealed, "I watched 24-hours worth of surveillance video data from the front lobby when I was here on Sunday (August 19, 2012)it took approximately 10 minutes to view 24-hours, by fast-forwarding." Continued interview and observation in an outside maintenance room confirmed the surveyor requested to see the recorder and random surveillance footage. At approximately 1:27 p.m., the surveyor requested the Maintenance Supervisor to runs surveillance footage at the fastest fast forward speed of X 16 (sixteen times faster than regular speed). The surveillance footage had lapsed in the 10 minute sh-forward period, and did not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
enable the viewer to clearly see the activity on the Case Manager, MDS Coordinator, Activity	N 401	"On August 16, 2012 on a table in the front voluntary basis, with as concerned with peday, as I am at night. Church groups were Residents back to the room, after Church semonitored" Continual Administrator confirmatinterventions to addressed on the June 16 we didn't begin to impinterventions until Augustive rape kit reportant to confirmed, "We have thought we had good Administrator confirmatinglement security of protect the Residents. Interview with the Ma August 20, 2012, at 1 watched 24-hours word data from the front loss Sunday (August 19, 210 minutes to view 24 Continued interview amaintenance room correquested to see the surveillance footage. The surveyor requested to see the surveillance footage was stopped one-hour of surveillar the 10 minute fast-for	t, a Sign-In book was plat tlobbysigning in was one facility oversight "I'm exple signing in during the copie signing in the did not implement security in the copies of the copies o	on a not he on the one of the one	N 401	This Plan of Correction is the center's crallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies, correction is prepared and/or executed s it is required by the provisions of federal orientation to the centers enhance measures. The Facility's Performance Impre Committee (Administrator, Direct Nursing, Medical Director, Asst. Nursing, Staff Development Coor Business Office Manager, RN Cat Manager, MDS Coordinator, Act Director, Director of Social Servi Certified Dietary Manager, Plant Manager, Admissions Coordinator August 21, 2012 to address issues (Exhibit 9 & 10). Updates to the smeasures will be provided, effect measures will be reviewed and fur recommendations made as needed Administrator/Director of Nursing Development Coordinator will trend events such as injury of unk origin, information from resident/interviews and allegation of abuse investigations, if any, to monitor evaluate facility's abuse prevention The Director of Nursing, Medical Director of Nursing, Medical Director of Nursing, Medical Director of Nursing, Staff Developing Director of Nursing Staff Developing Director of Nursing Director of Nursing Director of Nursing Director of Nursing Director o	or of correction ent by the correction of conclusions. The plan of total because and state law. It is a security to the correction of the	

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		*			N40 (Director, Director of Social Service Certified Dietary Manager, Plant Commonthly meeting any/all investigations of abuse that includes a compliance with the facility's P&I Prevention & Investigation for revelegations and recommendations, indicated.	Ops f) at its tions of a review of P on Abuse riew,	
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	विदेश चलाहारा संस्थानका क्षेत्र करणा विद्यालया स्थापना क्षेत्र करणा विद्यालया स्थापना स्थापना स्थापना स्थापना	- Name of the second of the se						
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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 **FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 13 N 401 This Plan of Correction is the center's credible surveillance footage. The Maintenance allegation of compliance. supervisor confirmed 24-hours of surveillance Preparation and/or execution of this plan of correction footage was not reviewed on August 19, 2912, as does not constitute admission or agreement by the stated in the interview. provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of A second interview with the Administrator on correction is prepared and/or executed solely because August 20, 2012, at 8:00 p.m., in the SDC's it is required by the provisions of federal and state law. Office confirmed, "...Resident #1's particular case, was felt to be fabricated ... " N 601 8/12/2012 The Administrator, the Director of Nursing, C/O 30279 and a nurse consultant met on 8/21/2012 to review several of the Facility policies and procedures that were the subject of the 1200-8-6-.06(1)(a) Basic Services N 601 deficiencies cited during the August 20. 2012 survey. Those policies included the (1) Performance Improvement. policy governing physician notification, the (a) The nursing home must ensure that there is policy governing use of the 24-Hour Report, an effective, facility-wide performance the Procedure for test results, and the abuse improvement program to evaluate resident care policy, abuse prevention, conducting an and performance of the organization. investigation protection of a resident during an investigation responding and investigating an abuse allegation, reporting This Rule is not met as evidenced by: reasonable suspicion of a crime. Two minor Based on medical record review, review of the changes were made to the written policy and facility investigation, review of facility training procedures. On 8/21/12 an Addendum to program, review of facility policy, review of payroll Facility's Abuse Prohibition Policy and hours, review of an interview schedule, review of Procedures was made to clarify the term a sexual assault forensic report, observation, visitors to include both family/friends as interview, and review of video surveillance, the well as other professional consultants or facility's Performance Improvement (PI) visitors such as but not limited to: Committee failed to maintain an effective PI Paramedics, E.M.T.'s, Radiological Techs, program to protect one Resident (#1) with laboratory techs, Physicians, Nurse Alzheimer's Disease (a common type of Practitioners, clergy, attorneys, and legal Dementia, in which a loss of mental ability is representatives.(Exhibit 31) On 8/30/2012 severe enough to interfere with normal activities of daily living) from sexual abuse; failed to ensure policy on "Notification" # 603-10, (Exhibit policies and procedures were followed for #8) was amended to add that physicians will investigating and implementing corrective be notified for lab test results or other test interventions to ensure Residents were protected results returned from another laboratory or from further abuse of twelve Residents reviewed. healthcare site that the resident was seen.

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N 601	Continued From page The facility's failure ha	as caused sexual abuse	e of	N 601	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plan		•
	one Resident (#1) and Residents at risk for a	d has placed other buse. aced all Residents with			does not constitute admission or agreement provider of the truth of the facts alleged of set forth in the statement of deficiencies.	nt by the r conclusions The plan of	
		nment whic was detrim		,	it is required by the provisions of federal d	ervices for	
	The findings included:				facility staff on definitions of abuse recognizing signs of possible abuse protection of resident, Elder Abuse	e,	
	2012, at 8:00 p.m., in Coordinator's Office c was the Performance and the last meeting vithe August PI meeting Continued interview of allegation of rape was because in that particular fabricated. The Admir allegation of rape was Committee for a plan. confirmed the facility litrending for patterns, '(abuse)not enough the patterns. Continued in "Bruises and skin tear up in number, they will When the surveyor as the threshold number,	not reported to the PI Further interview has not done tracking at we don't have a lot to track and trend for hterview confirmed, are 'watched'if they I be trended for a patter ked the Administrator was are from what we usual	go rn." //hat filiate med,		These in-services were conducted on 7/30/12, 7/31/12, 8/9/12, 8/22/2 8/24/12 for facility staff and 93 stareceived the in-service and 6 staff who will not be allowed to return until receiving the same in service 13 & 14). On August 6 the facility convened Performance Improvement Security Workgroup are: Maintent Director (Plant Ops Manager), Administrator, Director of Nursing Director, Staff Development Coord Housekeeping Supervisor and Cut Service (Patient Relations) Coord this meeting a discussion of enhance security measures that should be pure identified. New hires will refacility orientation to the centers of the staff of the service of the security orientation to the centers of the service of the security orientation to the centers of the security orientation to the security orientat	beginning 12 and aff have remain to work (Exhibit I a ty s of the ance g, Activity rdinator, stomer inator. At aced put in place aceive	
	number. C/O #30279				security measures.		
3) N 669	1200-8-6-,06(4)(c)4. B	asic Services		N 669	On 8/21/2012 the Performance In Committee (Administrator, D. Nursing, Medical Director, Asst. Nursing, Staff Development C.	Director of Director of	

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM TN0503	VCLIA BER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE SURV COMPLETED	D
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and state and a second section of the second se	nt (1865) i sa na katalan kata Katalan katalan katala	e 17 to a comment of the state				These weekly the survey team	<u>.</u>

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Particle for the same transmission of the same			individuals who are responding overseeing the corrective implemented in response to the 2012 Statement of Deficiencies where summaries of their monitoring effects the each meeting until the facility has substantial compliance. A member of their monitoring effects the each meeting until the facility has substantial compliance. A member of the responsible to take minutes meeting and distribute the minutes.	sible for action August 20, vill present orts during s achieved per of the nittee will s of each utes to all
I	ICY MUST BE PRECEDED BY F	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) PREFIX TAG N 60)	RESCIDENTIFYING INFORMATION) PREFIX TAG RESCIDENTIFYING INFORMATION) This Plan of Correction is the center's creatilegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreeme provider of the truth of the facts alleged on set forth in the statement of deficiencies. Correction is prepared and/or executed so it is required by the provisions of federal is it is required by the provisions of federal in the statement of the conditionation of the facts of the progress and to assure that the remains in substantial compliance the Requirements of Participal Committee members, including the Director, agree to make themselve if the need to meet more frequently. The Committee has agreed individuals who are respon overseeing the corrective implemented in response to the 2012 Statement of Deficiencies we summaries of their monitoring effect each meeting until the facility has substantial compliance. A memit Performance Improvement Committee the responsible to take minutes meeting and distribute the minutes of the properties of the properties of the properti

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	(4) Nursing Services (c) The Director of N following responsibiliti 4. Notify the resident medically indicated. This Rule is not met at Based on medical recifacility investigation, reforensic report, observationally failed to immed a positive finding report, 2, 2012, from a sexual obtained after an alleg for one Resident (#1) or reviewed. The facility's failure to immediately prevented able to speak with the Resident's Family about reatment for sexually (STDs) that may have the assault, for one Resident's reviewed, penvironment which was health, safety, and well the findings included: Resident #1 was admit December 21, 2009, at September 18, 2010, we Alzheimer's Disease, Depression, Transient	ursing shall have the es: It is physician when se evidenced by: ord review, review of the eview of a sexual assautation, and interview, the iately notify the Physician of the Physician of twelve Residents and for the edit treatment or potential transmitted diseases been transmitted during sident (#1) of twelve lacing Resident #1 in a set at a detrimental to their fare. It do to the facility on the edit of the facility on the edit of the edit in the edit i	e ult. le ian of ugust to 112, ing sin	I i i i i i i i i i i i i i i i i i i i	This Plan of Correction is the center's creditallegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement by provider of the truth of the facts alleged or conset forth in the statement of deficiencies. The correction is prepared and/or executed solely it is required by the provisions of federal and exponse to alleged abuse as evidence mediately after Resident #1 communicated the allegation of rape 6 the facility notified the physician. The emergency room at the local acute cospital, which was done. On August 16, 2012 the covering physic the resident's attending physician, was on vacation, was contacted and equested to write orders for the followab tests, HIV, Hepatitis ABC screen, PR. Those tests (HIV, Hepatitis ABC screen, RPR) were obtained and the resturned negative for any sexual transiseases. The resident's physician was acation from August 11 and returned ugust 19. Resident #1 attending physics and the content of the test results of the "sexistant forensic evidence (SAFE) kit" and ucted at the hospital.	correction by the onche on the onche of the onche on June. The ent to be care who wing and the onche on the onche onche on the onch on the	8/30/2012.
í	disruption of the blood	flow to the brain), and		11	ne MDS Coordinator and the Unit		

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	dated April 1, 2012, re severely impaired cog a Nursing Assessmen revealed the Resident cognition. Review of a facility inv 2012, at 7:00 p.m., co Nurse (RN) #1, reveal Family Member #2 (of RN #1 the Resident "h (June 15, 2012). Con #1 and Licensed Prac completed a physical physical trauma, bruis review revealed the or Administrator, and Dir (DNS) were notified at orders were received to	ent (Stroke). y of a Nursing Assessme evealed the Resident with the provided formulation. Continued review the dated June 29, 2012, the with severely impaired evestigation dated June 20, with Resident) reported for an interview revealed tical Nurse (LPN) #1 exam, and documented exam, and documented exam, and documented exam, and Physician, ector of Nursing Service 17:15 p.m., and Physiciato transfer the Resident (ER) to be evaluated a sted. Investigation and a example to fan interview with me 16, 2012, at 7:25 p.m. RN #1 revealed, "A maght. He was good look fact time; dark hair, blue Resident) came out of and he (man) was stoos shoes and he saw ollowed (Resident) into they got on (Resident's	ent ith ew of i 16, I to ht" RN I no es an it to nd a	N 669	This Plan of Correction is the center's created allegation of compliance. Preparation and/or execution of this plans does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. It correction is prepared and/or executed solit is required by the provisions of federal and it is required by the provisions of federal and it is required by the provisions of federal and it is required by the provisions of federal and it is required by the provisions of federal and it is required by the provisions of federal and it is required by the audit was conducted to 8/24 and included 212 diagnostic completed since June 15, 2012. The was performed to validate that the plant been notified in a timely mannaregulations and facility policy. The found that all lab tests had been reptimely to physicians (Exhibit 4). An additional audit was conducted by Development Co-coordinator on 8/15/2012 to 8/22/12 and no issues noted. (Exhibit 12). As of August 27, 2012 all licensed employed by the facility, which incomply the facility of the result signs—including but not limited to diagnostic tests, resident events, an significant change in condition. The services were presented by the Dist Director of Clinical Operations (Ex 32). The Facility does maintain a ditest log which has been modified to	of correction at by the conclusions. The plan of lety because mind state law. The plan of lety because from 8/21 crests are audit physician er as perefacility ported in the Staff (23/2012 and had g from murses cluded 15 cream in, sor Vital different crictic chibit 5, 6, iagnostic	
ļ	completed by the Sexu	ıal Assault Nurse Exam	niner		additional physician notification		

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N 669	(SANE), dated June Assault Kit was collect 16, 2012, at 11:00 p.i. cheek, inside the more combing; external varies wabs. The SANE in Resident alleged such vagina, by one assail review revealed, "whoathroom), he (white shoefoflowed me barried and (Resident) report area when I tried to indark pink to red in external vagina, with each side of the open documented, "Complitouchredness." Observation and interplaced the Reprivacy curtain was proposed the roommate. The while back (unable to from my bathroom and a fork in the right hand facing the hallway)I my room in the hallward a little boy's shoe. He wanted meI turned a he followed mehe si (pointed between the area)he finished, pur cleaned it." The Resident the man used for completion of the assawhatever it was with the same with the sa	ated (for evidence) on Jam., to include buccal (in Jam., to include buccal (in Jam.) to include buccal the pessful penetration of the Jam. by force. Continue then Resident came out Jam., then Resident came out Jam., then Resident and "to get that it hurt in vaging the Jam. (Resident) the Jam. (Resident) the Jam. (Resident) the Jam. (Resident) the Jam. (Resident was in bed and Jam.) the Resident was in bed and Jam. (Jam.) the Resident the Resident the Resident the Jam. (Jam.) the Resident was in bed and Jam. (Jam.) the Jam. (Jam.)	une aner al ae d t (of ok it" al) was on	N 669	This Plan of Correction is the center's cred allegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. To correction is prepared and/or executed solit is required by the provisions of federal and information, physician ordered treat changes, and family notification of (Exhibit 7). Monday through Friday clinical rounds are conducted by the of Nurses, Assistant Director of Nu Staff Development Coordinator. The nursing report, new physician order diagnostic log will be reviewed to a completeness and to ensure that all diagnostic test results received by fewere been reported to the attending physician as per regulations and fact policy. Facility policies and proceed were reviewed by the Administrato Director of Nursing Service and Director Clinical Operations, on 8/3. The facility has amended the policy/procedure to clarify notificate physicians for any offsite testing wiffacility is made aware of the results "Notification" # 603-10, (Exhibit # amended to include physician notification of the state of the results that are proven the facility. In addition to reviewing daily (Director of Nursing will review Saturday and Service of Nursing will review we audit of diagnostic testing to validate physicians are being timely contact physicians will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at that time and the policylean will be notified at the time and the policylean will be n	of correction to the the conclusions he plan of sely because and state law. Itment changes y morning to Director rising, or the 24hr as and validate as facility chility theres are selected to the color of sunday and the te that the director of the color of sunday and the te that the color of the color of sunday and the te that the color of the color of sunday and the te that the color of the color of sunday and the te that the color of the color of sunday and the te that the color of the color of sunday and the te that the color of		

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	help, or fought, the Requickly answered, "No didn't scream or anyth a woman do against a linterview with the DNS approximately 1:30 p. Development Coordin confirmed on the ever approximately 7:00 p. #1 alleged rape. Contitue facility was notified between 5:00 p.m. and rape kit obtained after 16, 2012. Continued after 16, 2012. Continued Resident's Medical Direct the facility's Medical Direct the facility failed to impression of the Resident's Physician of the Resident's positive Interview with the Adm 2012, at 5:15 p.m., coimmediately notify the positive findings from reported to the Adminic Continued interview of Physician was not not after the Resident had hospital "at the family's to another facility from family's request. C/O #30279	e. When the surveyor screamed, called out for esident's voice raised at co. I'm an old womanI ninghe's a manwhat a man." Son August 15, 2012, am., in the Staff ator's (SDC's) Office, ning of June 16, 2012, am. to 7:30 p.m., Reside tinued interview confirmed on August 2, 2012, de:00 p.m., of a positive the alleged rape on Jurinterview confirmed the Physician, is also the cort. The DNS confirmed the Physician on-caller findings from the rape of the Physician on-caller findings from the rape of the Resident's Physician of the Resident's Physician of the Resident's Physician of the rape kit, which was strator on August 2, 20 confirmed the Resident's Physician of the rape kit, which was strator on August 2, 20 confirmed the Resident's Physician of the rape kit, which was strator on August 2, 20 confirmed the Resident's Physician of the rape kit, which was strator on August 2, 20 confirmed the Resident's Physician of the rape kit, which was strator on August 2, 20 confirmed the Resident's Physician of the Resident's Ph	at at ent med ed of the kit.	N 669	This Plan of Correction is the center's creatilegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. It correction is prepared and/or executed solit is required by the provisions of federal at are any changes in condition or lab that should have been communicate results of this auditing will be brout facility Performance Improvement Committee monthly x 3 months to any issues involved in notification in condition (Exhibit 9 & 10). The Performance Improvement Commischeduled meeting will review the smake any recommendations for need changes and then evaluate effective	of correction at by the to the plan of ely because and state law. values ed. The ght to the address of change Facility ttee at its audits and eded	
<i>y</i>	1200-8-606(10)(a) Ba (10) Social Work Servi			N 779			

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TAG	Continued From page (a) Social services magnificant to the resident significant to the resident adjustment of these in illness and to promote the health care service. This Rule is not met as Based on medical recipitation, magnification, magnification, review of a sexual assignification, and interprovide social work set (#1) with an allegation Residents reviewed. The facility's failure to provide social work set in an environment which health, safety and well the findings included: Resident #1 was admitted November 11, 2011, with Dementia, Anxiety, Dement	e 19 nust be available to the 's family and other per lent, in order to facilitate dividuals to the impact a maximum benefits from the estimate provided. as evidenced by: cord review, review of the eview of facility policy, sault forensic report (Regular facility failed envices for one Resident of sexual assault, of the facility policy to envice placed Resident ich was detrimental to the facility on with diagnoses including epression, Hypertension	rsons e c of m ne ew of to weive		CROSS-REFERENCED TO THE APPROF	resident in the sector of anitor in me facility irector of esident im. The intinued to rect care 2 times a nented ector of anitor in me of the secsed er mental details.	
	Medical record review dated December 8, 20 had moderately impair review of the Nursing	f Cardiovascular Accident of a Nursing Assessment, revealed the Residence cognition. Continue Assessment dated Janes Resident had severely	ent lent ed uary		interview discussing the alleged inci The result of (Licensed Clinical Soc Worker) LCSW's assessment was the Resident #1 had no change in behav mood at this point. After discussion Administrator and Director of Social Services, it was decided that the LC (Licensed Clinical Social Worker) when the address the alleged sexual above.	cial nat the riors or with the ll SW vould not	

PRINTED: 08/29/2012 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **307 N FIFTH ST BOX 5477** FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY This Plan of Correction is the center's credible N 779 Continued From page 20 N 779 allegation of compliance. Review of a facility investigation dated June 16, Preparation and/or execution of this plan of correction 2012, at 7:00 p.m., completed by Registered does not constitute admission or agreement by the Nurse (RN) #1, revealed on June 16, 2012, provider of the truth of the facts alleged or conclusions Family Member #2 (of the Resident) reported to set forth in the statement of deficiencies. The plan of RN #1 the Resident "had been raped last night" correction is prepared and/or executed solely because it is required by the provisions of federal and state law. (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Nurse (LPN) #1 Resident #1 unless she wished to do so, or if completed a physical exam, revealing no physical Resident #1 had been assessed to have trauma, bruises, or tearing. Further review changes in mood and behavior. revealed the on-call Physician, Administrator, and Director of Nursing Services (DNS) were notified at 7:15 p.m., and Physician orders were received An audit was conducted by VP Clinical Ops on August 30, 2012 of all events occurring to send the Resident to the Emergency Room (ER) to be evaluated and a Rape Kit to be from January 1 2012 to August 30 2012, no completed. other events of alleged sexual abuse had occurred (Exhibit 11). 43 interviewable Review of a facility investigation and a residents and families of 21 non hand-written statement of an interview with interviewable residents (2 families were Resident #1, dated June 16, 2012, at 7:25 p.m., away on vacation and did not respond) were and signed by LPN #1 and RN #1 revealed "A questioned by the Administrator, Director of man came into room fast night. He was good Nursing, Assistant Director of Nursing, Staff looking; can't remember the exact time; dark hair, Development Coordinator, Business Office blue eyes, no facial hair. (Resident) came out of Manager, Activity Director, Social Services (Resident's) bathroom and he (man) was stooped Worker, Admissions Coordinator, Medical down to tie little boy's shoes and he saw Records, Infection Preventionist, Certified (Resident's) feet and followed (Resident) into Dietary Manager, Case Manager, MDS (Resident's) room and they got on (Resident's) Coordinator, and Rehab Tech (Certified bed, "He stuck it in." Nursing Asst), between August 23 and August 28, to determine; if there were any Review of a Sexual Assault Forensic Report further allegations related to staff treatment, (Rape Kit Report), completed by the Sexual

Assault Nurse Examiner (SANE), dated June 16,

include buccal (inner cheek, inside the mouth)

swabs; and perineal swabs. The SANE nurse

documented the Resident alleged successful

penetration of the vagina, by one assailant, by

force. Continued review revealed, "...when

swabs; pubic hair combing; external vaginal

2012, revealed a Sexual Assault Kit was collected (for evidence) on June 16, 2012, at 11:00 p.m., to

did residents feel they were treated with

staff members? The interviews did not

produce any other allegations of sexual

members in August at the request of the

The facility did not re-interview staff

abuse nor give potential leads for suspects.

respect, had residents witnessed any unusual

visitors, strangers or had concerns about any

XR8811

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING_ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 779 | Continued From page 21 This Plan of Correction is the center's credible N 779 allegation of compliance. Resident came out (of bathroom), he Preparation and/or execution of this plan of correction (white...man)...tying little boy shoe...followed me does not constitute admission or agreement by the back to my room and "took it" and (Resident) provider of the truth of the facts alleged or conclusions reported that it hurt in...vaginal area when I tried set forth in the statement of deficiencies. The plan of to insert swabs...(Resident) was dark pink to red correction is prepared and/or executed solely because in external vaginal area." Continued review it is required by the provisions of federal and state law. revealed a diagram of the external vacina, with two arrows, one drawn on each side of the local police department. opening of the vagina, and documented, The interdisciplinary team consisting of "Complaint of pain to touch...redness." MDS coordinator, RN Case Manager, Social Worker, Activity Director, Registered Medical record review revealed no documentation Dietician and Certified Dietary Manager the Social Worker (SW) provided counseling identified the residents on 8/29/2012 who are and/or support for the Resident in an effort to at higher risk for abuse due to dementia assess and address the psychosocial needs. diagnosis, infrequent or no visitors, regarding the allegation of rape reported on June behavioral issues, or those who are bedfast 16, 2012. and dependent on care. The interdisciplinary team met on 8/29 through 8/30/12 to identify Medical record review of the Licensed Clinical care plan goals and interventions to assist in Social Worker's (LCSW) Progress Note dated the prevention of abuse. June 17, 2012, revealed, "...Pt (Patient) declined On August 23 & 27, 2012 the District therapy and asked me to return later but had Director of Clinical Ops conducted company the rest of the day, and not seen for one additional in-service training with on one therapy; follow up next week..." Continued review revealed no documentation the LCSW Administrator, Director Nursing Service, provided counseling regarding the aflegation of Case Manager, MDS Coordinator, rape reported on June 16, 2012. Housekeeping/Laundry Supervisor, Activity Director, Social Worker and Asst Director Review of a facility training program, Abuse Nursing Service on "Conducting an Prevention, (no date), revealed, Investigation on an Allegation of "...Overview...This program is entitled, "Abuse Abuse" (Exhibit 27, 28) which included but Prevention" and includes a discussion of what was not limited to immediacy of exactly is considered abuse, what to do when investigation, notifications, interviewing abuse is alleged or identified, and the staff's alleged victim, alleged perpetrator if known, responsibilities regarding abuse...8. interviewing witnesses including staff, Documentation and Follow Up...c. The Nursing residents, family members, family members, Facility Social Worker will provide counseling and etc which included the facility Director of support to the Resident(s) involved..." Social Services. On August 27, 2012 the District Director of Clinical Ops provided Review of facility policy, Protection of Resident

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During An Investigation, (dated April 28, 2009), "PrimarySocial Services6. Counseling and support for the Resident(s) involved in an effort to assess and address the psychosocial needs" Review of facility policy, Responding to and Investigating an Abuse Allegation, (dated July 22, 2010), "6. Plan and implement corrective action. b. Seek referral to a psychologist, ombudaman or other appropriate counseling/advocacy agentDocumentation Guidelines: 1. Record the Resident'spsychosocial status and actions takenin the Resident's medical record" Interview with the LCSW on August 15, 2012, at 11:25 a.m., in the Staff Development Coordinator's (SDC) Office, confirmed, the facility's SW gave the LCSW a "heads-up" on July 9, or July 16, 2012, the Resident had alleged being raped, in the event the Resident about the alert." Continued interview confirmed the LCSW did not counsel and was not requested by the facility to counsel the Resident about the allegation of being raped the Resident about the allegation of being raped. The LCSW stated "(Resident's): psychological services, update care plan interventions based on the investigation, report changes to the resident plan of care and communicate to the resident's psychosocial status and actions taken). The Allegation (Exhibit 29 & 30). The Director of Social Services will follow Procedure 52002 "Responding to and Investigating an Abuse Allegation" (Exhibit 28) when notified of an alleged abuse. Those activities will include referral to appropriate psychological services, update care plan interventions based on the investigation, report changes to the resident's psychosocial status and actions taken by the clinical personnel. The Allegation of compliance. Interview with the SW on August 17, 2012, at the Director of Social Service's with additional in-services with additional in-services of fleetar and state inv. The Director of Social Services with additional in-services of the Director of Social Services with the outfield of any alleged (Exhibi	PREFIX	(EACH DEFICIENC	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	SHOULD BE COMPLETE		
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N 779	(SW) on June 18, 201 Continued interview of counsel with the Resiductory to counsel with allegation of rape. The failed to ensure the Recounseling and failed	i2, of the allegation of re onfirmed the SW did not dent and did not reques the Resident regarding e SW confirmed the fac esident received any to ensure the social wo Resident were met in re	ot st the g the illity	N 779	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreeme, provider of the truth of the facts alleged o set forth in the statement of deficiencies, correction is prepared and/or executed so it is required by the provisions of federal of N1207 On August 3, 2012 the facility wainformed that the allegation of rape	of correction nt by the r conclusions The plan of lely because and state law. s e made in	8/30/2012
(S) N1207	(1) The nursing home implement written poliforth the rights of residence preservation of dignity extent medically feasil Residents and their farepresentatives shall be documentation shall be resident's file of the formal should this right be via notify the department. The Tennessee Depart Adult Protective Service.	e shall establish and cies and procedures sedents for the protection r, individuality and, to the ble, independence, milies or other be fully informed and e maintained in the llowing rights: mental and physical abustical and physical abustical the facility must within five (5) working detent of Human Service.	and e se. lays. es,	N1207	June by Resident # 1 was now bein considered as possibly having occut to the results of the forensic testing #1 was discharged from facility on 16, 2012. An audit was conducted Clinical Ops on August 30, 2012 of events occurring from January 1 20 August 30 2012, no other allegation sexual abuse were reported. (Exhil An additional audit was conducted Staff Development Co-coordinator 8/23/2012 to ensure that families an physicians had been notified of allegation occurring from 6/15/2012 to 8/22/H issues noted. (Exhibit 12). 43 interviewable residents and families and interviewable residents (2 families and your away on vacation and did not were questioned by the Administration.	ng arred due arred due by Resident August VP of f all 012 to ns of bit 11). by the on and events 2 and no ilies of 21 nilies respond)	
	hours, review of an into a sexual assault forens interview, and review of facility failed to thorough	ord review, review of the eview of facility training ility policy, review of pa erview schedule, review sic report, observation, of video surveillance, the	yroll v of		Director of Nursing, Assistant Dire Nursing, Staff Development Coord Business Office Manager, Activity Director of Social Services, Admiss Coordinator, Director of Medical E Infection Preventionist, Certified D Manager, Case Manager, MDS Coo and Rehab Tech (Certified Nursing	ctor of inator, Director, sions Records, ietary ordinator,	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C: B. WING_ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 **FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1207 | Continued From page 24 N1207 This Plan of Correction is the center's credible allegation of compliance. (#1) with Aizheimer's Disease (a common type of Dementia, in which a loss of mental ability is Preparation and/or execution of this plan of correction severe enough to interfere with normal activities does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions of daily living) from sexual abuse of twelve set forth in the statement of deficiencies. The plan of Residents reviewed. correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility's failure to follow facility policy to thoroughly investigate and implement between August 23 and August 28, to interventions immediately to protect the Resident determine the following: if there were any placed Resident #1 and all Residents with further allegations related to staff treatment, Dementia in an environment which was did residents feel they were treated with detrimental to their health, safety and welfare. respect, had residents witnessed any unusual visitors, strangers or had concerns about any The findings included: staff members. The interviews did not produce any other allegations of sexual Resident #1 was admitted to the facility on abuse nor provide any potential leads for November 11, 2011, with diagnoses including suspects. It was the understanding of the Dementia, Anxiety, Depression, Hypertension, Executive Director from the police Congestive Heart Failure, Malignant Colon Cancer, and History of Cardiovascular Accident. department that the facility was to refrain from re-interviewing staff members in Medical record review of a Nursing Assessment August. The police officer indicated that this dated December 8, 2011, revealed the Resident was now his investigation and he wanted to had moderately impaired cognition; had no be the person to question male staff depressive symptoms; had no behavior employees and procure DNA samples. The symptoms; required extensive assistance with all police advised the facility that in doing so it activities of daily living (ADL) except eating, which may impede or interfere with law required supervision; and used a manual enforcement's ability to correctly conduct its wheelchair for mobility. criminal investigation and to identify and prosecute the perpetrator.. The facility Continued review of the Nursing Assessment agreed to fully comply with the request of dated January 12, 2012, revealed the Resident the local police and did so based on policy had severely impaired cognition; Depression; had and procedure of the facility "Responding to difficulty focusing attention and had disorganized and Investigating an Abuse thinking; required extensive assistance with all Allegation" (Exhibit 3). ADLs, to include eating; and used a manual wheelchair for mobility. The interdisciplinary team consisting of MDS coordinator, RN Case manager, Review of a facility investigation dated June 16. Director of Social Services, Activity 2012, at 7:00 p.m., completed by Registered

of Health Care Facilitie	28				FORM	APPROVED
OF DEFICIENCIES . OF CORRECTION	IDENTIFICATION NUMB	CLIA ER:			(X3) DATE SUI COMPLET	ED
SUMBER OF SUPPLIED	1140503	OVERET ARREST			08/2	0/2012
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Nurse (RN) #1, reveal Family Member #2 (of RN #1 the Resident "It (June 15, 2012). Con #1 and Licensed Pract completed a physical physical trauma, bruis review revealed the or Administrator, and Dir (DNS) were notified at orders were received the Emergency Room Rape Kit to be completed and gown worn on the were packed up for the internal investigation of June 16, 2012, by the Review of a facility investigation of June 16, 2012, by the Review of Administrator, and Director of	led on June 16, 2012, if the Resident) reported had been raped last night tinued review revealed tical Nurse (LPN) #1 exam, and documented les, or tearing. Further in-call Physician, ector of Nursing Service 17:15 p.m., and Physician to transfer the Resident (ER) to be evaluated a leter. Linen from the best evening of June 15, 20 e Police Investigator; air vas initiated on the even he Administrator and Direction and he was ittle boy's shoes and he was ittle boy's shoes and he are into my room	ht" RN d no es ian t to ind a d 012, n ning NS. li6, nilly (#1), (RN he	N1207	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement provider of the truth of the facts alleged on set forth in the statement of deficiencies. correction is prepared and/or executed so it is required by the provisions of federal of the sequence of the result of the provisions of federal of the result of the resident of the resident can be result of the resident of the resident. During the residents indicated to the residents. During the residents indicated to the residents of the residents. During the residents indicated to the residents indicated to the residents of the residents of the residents. During the residents indicated to the residents of t	of correction at by the reconclusions. The plan of lely because and state law. Certified idents on sk for infrequent rethose care. The through and intion of idents is heet and are plan social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social book. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books. It resident all abuse, is sheet and incillation of social books.	
Continued review of the	e investigation revealed	ı		any current issues. The background) identify d checks	İ
	CONDER OR SUPPLIER K HEALTHCARE CENTE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page Nurse (RN) #1, revea Family Member #2 (of RN #1 the Resident ") (June 15, 2012). Con #1 and Licensed Prace completed a physical physical trauma, bruis review revealed the of Administrator, and Dir (DNS) were notified at orders were received the Emergency Room Rape Kit to be comple and gown worn on the were packed up for the internal investigation w of June 16, 2012, by to Review of a facility inv 2012, completed by th Member #2) of Reside the (Resident) had sta #1) notified nurse on-co Director, the Administr report. Exam of the pe external parts of the fe anus) area was accom #1. The MD (Medical outward visible (visible areas" The Residen takeh"A man came in inghtcan't remember dark hair, blue eyesn came out of (Resident' stooped down to tie a I saw my feet and follow andgot on (Resident' scratching"	TN0503 ROVIDER OR SUPPLIER K HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATI Continued From page 25 Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported RN #1 the Resident "had been raped last nig (June 15, 2012). Continued review revealed #1 and Licensed Practical Nurse (LPN) #1 completed a physical exam, and documented physical trauma, bruises, or tearing. Further review revealed the on-call Physician, Administrator, and Director of Nursing Service (DNS) were notified at 7:15 p.m., and Physic orders were received to transfer the Residen the Emergency Room (ER) to be evaluated a Rape Kit to be completed. Linen from the beand gown worn on the evening of June 15, 20 were packed up for the Police Investigator; and internal investigation was initiated on the eve of June 16, 2012, by the Administrator and D Review of a facility investigation dated June 2012, completed by the DNS, revealed, "(Far Member #2) of Resident (#1) reported to RN the (Resident) had statedhad been raped. #1) notified nurse on-call, the ED (Executive Director, the Administrator), and DNS of the report. Exam of the perineal (area between the external parts of the female genitalia and the external parts of the female genitalia and the anus) area was accomplished by LPN #1 and #1. The MD (Medical Doctor) was notifiedo outward visible (visible) trauma-no reddened areas" The Resident's statement was taken"A man came into the room last nightcan't remember the exact timehe had dark hair, blue eyesno facial hair(Residen came out of (Resident's) bathroom and he was stooped down to tie a little boy's shoes and he saw my feet and followed me into my room andgot on (Resident's) bedno biting or scratching"	TOP DEFICIENCIES FEORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0803 ROWIDER OR SUPPLIER K HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported to RN #1 the Resident "had been raped last night" (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Nurse (LPN) #1 completed a physical exam, and documented no physical trauma, bruises, or tearing. 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CITY, STATE, JIP CODE 307 N FIFTH ST BOX S477 MARTYVILLE, TN 37891 SUMMARY STATEMENT OF DEPCICIENCIES EACH DEPICENCY Must be PRECEDED BY FULL REGULATORY OR LISC IDENTIFY AND INFORMATION) Continued From page 25 Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported to RN #1 the Resident Thad been raped last right" (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Murse (LPN) #1 completed a physical exam, and documented no physical favam, bruises, or tearing. Further review revealed the on-call Physician, Administrator, and Director of Nursing Services (DNS) were notified at 7:15 p.m., and Physician orders were received to transfer the Resident to the Emergency Room (ER) to be evaluated and a Rape Kit to be completed. Linen from the bed. and gown wom on the evening of June 16, 2012, by the Administrator and DNS. Review of a facility investigation was initiated on the evening of June 16, 2012, by the Administrator and DNS. Review of a facility investigation dated June 16, 2012, completed by the DNS, revealed, "(Family Member #2) of Resident (Pt) reported to RN #1) modified unreso on-call, the ED (Executive Director, the Administrator), and DNS of the resport. Exam of the perimas (area between the external parts of the female genitalia and the anus) area was accomplished by LPN #1 and RN #1. The MD (Medical Doctor) was notified, of no outward visible (visible) trauma-no reddened areas "The Resident's statement was stopped down to tie a little boy's shoes and he was stooped down to tie a little by's shoes and he saw my feet and followed me into my room and, got on (Resident's) bed no bitting or scratching"

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 **FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1207 Continued From page 26 N1207 This Plan of Correction is the center's credible allegation of compliance. employees who were present in the building during the alleged rape were interviewed by the Preparation and/or execution of this plan of correction Administrator and the DNS, to include Certified does not constitute admission or agreement by the Nursing Assistant (CNA) #1, #2, #3, #4, #5, and provider of the truth of the facts alleged or conclusions #6, (all were females); Hospitality Aide (HA) #1, set forth in the statement of deficiencies. The plan of (female); LPN #1, and #2, (females); and RN #1. correction is prepared and/or executed solely because it is required by the provisions of federal and state law, #2, and #3, (females); none of which saw a child in the building or during the evening or night shift are expected to be available Tuesday or hours. RN #3 reported there was one male visitor Wednesday 9/4/12 or 9/5/12. on the 200 hall, visiting a Resident (family) on the evening shift of June 15, 2012. LPN #2 saw Resident #1 sitting in (Resident's) chair at A security assessment was completed on 8/30/2012 by a police officer of the City of approximately 2:00 a.m. and sent CNA #2 to assist the Resident to bed; the Resident told CNA Maryville. The officer conducted a tour of #2 (Resident) was "having trouble sleeping," the facility as well as the grounds of the Continued review revealed no male Residents facility. A verbal recommendation from the were up on either hall during the night shift on officer was for the facility to hire a security June 15, 2012. The Resident was transported to guard pending the outcome of the police the ER (no date or time) to be examined for investigation around the clock to enhance the evidence of rape; and linens were gathered and facility's security measures surrounding given to the police for further testing. The visitors sign in/out procedures, and provide Resident returned to the facility from the hospital additional security support until a perpetrator at 1:30 a.m. (no date). Employees who were not is identified and taken into custody. The able to be reached by telephone on June 16, center has obtained security personnel 2012, or June 17, 2012, were interviewed on through the Blount County Sheriff June 18, 2012, to include CNA #7, (female); LPN Department starting 8/30/12 until a #3, (female); and RN #4, (male). Employees replacement security contract is obtained. interviewed on June 18, 2012, revealed none saw The facility will re convene the Performance a child in the facility on "Friday night" (June 15. Improvement security workgroup at that 2012), and "No gentleman fitting the Resident's time to evaluate the recommendations and description was seen in the Center (facility) on present them to the Performance June 15, 2012," Improvement Committee for review and action. The members of the Security Review of a facility investigation and a hand-written statement of an interview with Workgroup are: Maintenance Director, Resident #1 dated June 16, 2012, at 7:25 p.m., Administrator, Director of Nursing, Activity signed by LPN #1 and RN #1, "A man came into Director, Staff Development Coordinator, room last night. He was good looking; can't Housekeeping Supervisor and Patient remember the exact time; dark hair, blue eyes, no Relations Coordinator facial hair. (Resident) came out of (Resident's)

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING _ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1207 Continued From page 27 N1207 This Plan of Correction is the center's credible bathroom and he (man) was stooped down to tie allegation of compliance. little boy's shoes and he saw (Resident's) feet Preparation and/or execution of this plan of correction and followed (Resident) into (Resident's) room does not constitute admission or agreement by the and they got on (Resident's) bed. "He stuck it in." provider of the truth of the facts alleged or conclusions Didn't threaten (Resident); didn't speak; they were set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because on the bed. No biting or scratching...Physical it is required by the provisions of federal and state law. exam...no redness...' Review of the facility investigation of a hand-written timeline received from the DNS on Systematic Changes to the Handing of August 15, 2012, at 7:00 p.m., revealed the Abuse Reporting and Investigations: following: Facility policies and procedures were June 16, 2012, "Resident was visited by Family reviewed by the Administrator, Director of Member #1 around noon on June 16, 2012. (Resident) told (Family Member #1)...had been Nursing and District Director Clinical raped 'yesterday'...(Family Member #1) shared Operations on 8/30/12. Two minor changes this information with (Family Member #2) on the were made to the written policy and afternoon of June 16, 2012. (Family Member #2) procedures. On 8/21/12 an Addendum to visited (Resident) June 16, 2012, near the time of Facility's Abuse Prohibition Policy and the evening meal. (Resident again mentioned Procedures was made to clarify the term that...had been raped 'yesterday.' As (Family "visitors" to include both family/friends as Member #2) was preparing to leave...stopped and well as other professional consultants or shared (Resident's) comments with RN #1. At visitors such as but not limited to: 7:15 p.m., RN #1 called the Administrative Nurse Paramedics, EMT's, Radiological Techs, On-Call, the Administrator, and the DNS. LPN #1 laboratory techs, Physicians, Nurse and RN #1 examined (Resident) for evidence of Practitioners, clergy, attorneys, and legal physical trauma, no tearing noted to the labia representatives (Exhibit 31). On 8/30/2012 (folds of skin at the opening of the vagina) or "Notification" # 603-10, (Exhibit #8), was vaginal area. The Physician On-Call was notified amended to added that physicians will be of the Resident's statements and results of the notified for lab test results or other test external exam. An order was received to results returned from another laboratory or transport (Resident) to the Emergency Room for healthcare site that the resident was seen. further evaluation. The ED and DNS arrived at the Center...approximately 7:45 p.m. and began The Administrator conducted in-services for internal investigation...At 8:18 p.m., the Resident facility staff on definitions of abuse. recognizing signs of possible abuse, was received for care at (local hospital) ER. Nursing staff members on duty June 15 and June protection of resident, Elder Abuse Act. 16, (2012), were interviewed...(seven) Nursina These in-services were conducted beginning Assistants, (two) RN's, and (one) LPN were on 7/30/12, 7/31/12, 8/9/12, 8/22/12 and

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING c B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1207 Continued From page 28 N1207 This Plan of Correction is the center's credible interviewed on June 16, 2012. On June 18, 2012. allegation of compliance. those nursing staff members not available for Preparation and/or execution of this plan of correction interview on June 16 or June 17, (2012), were does not constitute admission or agreement by the interviewed, (one RN, one LPN, and one CNA)..." provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of June 17, 2012, "...(Resident) returned to the correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Center at 1:00 a.m...Report was received from...ER Nurse stating no evidence of trauma to 8/24/12 for facility staff and 93 staff have the genital area...rape kit completed...Detective received the in-service and 6 staff remain notified (Administrator) that (Detective) saw no who will not be allowed to return to work evidence that an event had occurred...would until receiving the same inservice (Exhibit contact the ED when the rape kit report returned." 13 & 14). August 2, 2012, "Approximately 5-6 pm (5:00 p.m.-6:00 p.m.), Detective notified ED and DNS The comprehensive practice for alleged of positive results of rape kit (DNA abuse events will include documentation of (deoxyribonucleic acid) testing or DNA profiling is the investigation on the "Alleged Abuse a technique employed by forensic scientists to Investigation Worksheet" (Exhibit 15). This assist in the identification of individuals by their worksheet identifies details of the incident, respective DNA profiles)..." lists all possible witnesses, documents witness interviews, and identifies actions August 5, 2012, "Executive Director formulated taken to prevent resident from a rean agenda of focus areas to increase our security occurrence. Upon notification of an alleged measures." abuse, the licensed nurse immediately ensures the safety of the resident and August 6, 2012, "A Performance Improvement contacts the Administrator and Director of Security Team was formulated and met to further Nurses who will return to the center to discuss security measures in our Center. Ideas conduct the investigation and utilize this were exchanged and phone calls made to worksheet. In the event that the vendors and Corp (Corporate) to begin to revamp Administrator or Director of Nursing are not our systems-cameras, alarms changes, etc. (et available to conduct the investigation cetera, meaning "and so on")." immediately, the back up investigators will include the Assistant Director of Nurses, the August 7, 2012, "Lock down times, alarm changes in place; further research into hiring of RN Case Manager, MDS coordinator and/or security personnel to monitor the Center." the Director of Social Services. The District Director Clinical Operations Review of a facility training program, Abuse conducted an in service on 8/23/12 to the Prevention, (no date), revealed, above listed potential investigators on proper "...Overview...This program is entitled, "Abuse completion of this worksheet.

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING _ TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 **FAIRPARK HEALTHCARE CENTER** MARYVILLE, TN 37801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N1207 Continued From page 34 N1207 This Plan of Correction is the center's credible observation of the sign-in sheets confirmed the allegation of compliance. first entry and signature was dated August 7. Preparation and/or execution of this plan of correction 2012. Continued observation confirmed two food does not constitute admission or agreement by the vendors did not complete the signature portion of provider of the truth of the facts alleged or conclusions the sign-in sheet on August 9, 2012, and August set forth in the statement of deficiencies. The plan of 13, 2012; further observation confirmed one correction is prepared and/or executed solely because vendor did not complete the following sections of it is required by the provisions of federal and state law. the sign-in sheet dated August 14, 2012: Job Description, Location, Contact Maintenance unknown origin, information from Director Yes/No, and/or Signature. The resident/family interviews and allegation of Maintenance Supervisor confirmed the sign-in abuse investigations, if any, to monitor and sheets were implemented on August 7, 2012, and evaluate facility's abuse prevention program the facility failed to obtain the vendors signatures The Director of Nursing will continue to and/or complete information on the sign-in sheets present to the Facility Performance on August 9, 13, and 14, 2012. Improvement Committee at its monthly meeting any/all investigations of allegations Continued observation and interview with the of abuse that includes a review of Maintenance Supervisor at approximately 2:15 compliance with the facility's P&P on Abuse p.m., outside in the courtyard, confirmed a Prevention & Investigation for review, wooden fence approximately five to five and discussion and recommendations, if one-half feet enclosed the courtyard. The fence indicated. included one service gate. Observation of the service gate confirmed the gate had a padlock, hasp, and staple. Continued observation confirmed the hasp was unlatched from the staple, and the padlock was hanging unlocked in the staple. Observation confirmed no staff were present in the courtyard or adjacent the outside of the service gate. The Maintenance Supervisor confirmed the service gate was unlocked and unattended, and the facility failed to ensure the courtyard was secure. Continued interview with the Maintenance Supervisor on August 14, 2012, at approximately 2:30 p.m., after completing an observation of the facility, confirmed the following: 1) No changes have been made to the front door system. The front door is not locked during the

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Interview with the DNS on August 15, 2012, at

FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING TN0503 08/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 FAIRPARK HEALTHCARE CENTER MARYVILLE, TN 37801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1207 Continued From page 38 N1207 1:30 p.m., in the SDC's Office confirmed, other than Resident #1 and (Resident's) Family Members, no Residents or visitors were interviewed based on the June 16, 2012, allegation of rape; confirmed no male staff other than RN #4 was interviewed, "The ED and I did not feel it was necessary to interview male staff that was not scheduled on June 15, or 16, 2012." The DNS confirmed the following: August 6, 2012, a security meeting was held to discuss security changes; August 7, 2012, lock-down times were changed on the front and service hall doors; and the DNS stated was unaware a Vendor Sign-In Sheet had been implemented. August 10, 2012, a surveillance camera was installed in the front lobby. Continued interview with the DNS confirmed, "We had to sit and think...'what do we need to do'...we had to have a plan...we did not have the ability to immediately procure (obtain) any equipment between August 2, 2012, and August 6, 2012...The nursing department did not have staff available to place in key positions, such as at entrance and exit of doors to ensure security, without pulling from patient care; or to do rounds such as every fifteen minutes...I feel like we did everything that we knew to do." Interview by telephone with the Resident's Family Member #2 on August 15, 2012, at 3:10 p.m., revealed, "(Resident) told me "I've been raped" and I reported it to (RN #1)...was taken to the

ER...the nurse that did the rape kit told me that (Resident's) vagina was awful red..." Family Member #2 revealed the police called Family

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